

**NOTIFICATION TO INMATE/INMATE DESIGNEE
RECALL AND RE-SENTENCING PROCEDURE
Penal Code Section 1170(e)**

To: _____ **CDC #:** _____

Institution: _____ **Date:** _____

This serves as the required notification, pursuant to Penal Code (PC) Section 1170(e)(4), that the recall and re-sentencing process has been initiated on your behalf, by one or more of the following persons:

- ☐ You. ☐ Your treating physician. ☐ Your family member or designee.

The California Department of Corrections and Rehabilitation (CDCR) Form 128-C, Medical Chrono, dated _____, signed by _____ M.D., Chief Medical Officer or Chief Medical Executive, has determined your eligibility for consideration based on one or more of the following criteria:

- ☐ You are terminally ill with an incurable condition caused by an illness or disease that will result in death within six months, as determined by a CDCR physician.
- ☐ You are permanently medically incapacitated with a medical condition that renders you permanently unable to perform activities of basic daily living and results in you requiring 24-hour total care, and that your permanent medical incapacitation did not exist at the time you were sentenced.

As an inmate being considered for recall and re-sentencing, you understand that you must authorize the release of all medical information to those individuals involved in the recall of commitment process. This includes CDCR institution and headquarters' staff, Board of Parole Hearings staff, California Prison Health Care Services staff, and the sentencing court. *Note: If you do not authorize the release of your medical information for recall and resentencing, the CDCR may choose to seek legal authority to release your medical information.*

Do you authorize the release of your medical information to the individual(s) listed above for this purpose?

- ☐ **YES.** I am authorizing the release of my medical information. CDCR Form 7385, Authorization for Release of Information, completed and attached to this form.
- ☐ **NO.** I do not authorize the release of my medical related information. I understand CDCR may choose to seek legal authority to release my medical information.

Medical staff will arrange for you to designate a family member or other outside agent to be notified of your medical condition and prognosis and the recall and resentencing procedures.

- ☐ I have designated the person below to receive information regarding my medical condition and be informed about the status of the recall and re-sentencing process. CDCR Form 7385, Authorization for Release of Information, for designee completed and attached to this form.

Designee: _____ **Relationship:** _____

Telephone Number: _____ **Date of Designation:** _____

- ☐ I do not wish to designate a family member or outside agent at this time.

To: _____

CDC #: _____

All recall and re-sentencing cases are reviewed for recommendation by the Secretary or the Secretary's designee.

- ☐ As an inmate sentenced under the Determinate Sentencing Law, a positive recommendation will be forwarded directly to the sentencing court. If a recommendation is made that no change be made to your sentence and commitment, notification will be made to the Warden.
- ☐ As an inmate sentenced under the Indeterminate Sentencing Law, the recommendation will be forwarded to the Board of Parole Hearings. The Board will make an independent finding and take action at the next lawfully noticed Board meeting. A positive recommendation will be forwarded to the sentencing court.

Within 10 days of receipt of a positive recommendation by the Secretary or the Board, the court shall schedule a hearing to consider whether your sentence should be recalled. A positive recommendation by the Secretary or the Board does not guarantee your release.

Pursuant to Penal Code Section 1170(e)(9), if the sentencing court grants your recall and resentencing application, and it results in your release, you shall be released by the Department within 48 hours of receipt of the court's order, unless a longer time is agreed to by you. **In the event placement arrangements can not be coordinated within 48 hours of receipt of the court's order, and to ensure your housing and medical needs are coordinated appropriately, do you agree to waive the 48-hour requirement and be released within 30 calendar days to a location where access to care is available?**

☐ YES

☐ NO

Questions specific to the recall of commitment process should be directed to your Correctional Counselor, Correctional Counselor II, and/or the Classification and Parole Representative (C&PR). All medical related questions should be directed to medical staff at the institution where you are assigned. Requests for copies of any or all recall and re-sentencing documents by anyone other than you or your designee must be made through the C&PR and requires your authorization on a CDCR Form 7385.

EFFECTIVE COMMUNICATION

I have informed the inmate of this notice and have determined that he/she:

- ☐ Appears to understand ☐ Appears to have difficulty understanding
- ☐ Has a physical condition which impacts effective communication

Method Used: (please circle): Foreign Language Interpreter Sign Language Interpreter Read/Spoke Slowly
Assistive Device (specify) _____ Other (please write): _____

After providing assistance, the inmate:

- ☐ Explained the conditions in his/her own words ☐ Does not appear to understand

Inmate's Name (Print or Type)	Date Notice Provided: _____	Notice Provided by (Print or Type Counselor's Name)
Inmate's Signature	<input type="checkbox"/> In person <input type="checkbox"/> Copy of Notice provided	Counselor's Signature
Inmate Designee, if applicable (Print or Type)	Date Notice Provided: _____ <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Copy of Notice provided	Notice Provided by (Print or Type Counselor's Name)